

# INTERFACILITY TRANSPORT TASK FORCE

May 21, 2002  
EMS Authority  
1930 9<sup>th</sup> Street  
Sacramento  
(916) 322-4336  
10:00 a.m. to 3:00 p.m.

*Super shuttle (Blue Vans) from the airport will take you directly to EMSA.*

*Task Force will meet as a group with all Ad Hoc Groups.*

## Agenda

Introductions

Approval of February 20, 2002 Minutes

Approval of Agenda

Advanced Scope of Practice for ALS Paramedic IFT

*Discussion Paper for guidelines/template for standardized approach – Scott*  
*Intercounty IFT Draft Regulatory Language – Art (see attached)*

Training Issues

*Kaiser's "Request for Transfer" algorithm – Dan S.*  
*Alameda County/AMR program information for paramedic level IFT – David N.*

Rapid IFT Response Request

*Concept paper for Rapid IFT Request" – Dan B., Dan S., David N.*

Minimum Competencies

*EMT-P level training – Scott*

Critical Care Transport Crew Configuration

*Issue memo (hand-out at meeting) from Roland Guy, RN (Critical Care Transport Nurse/AMR) – Roland Guy*

Next meeting date/location/agenda development

*Plan for next meeting in August/September.*

To: Bonnie

From: Art

I did develop some suggested regulatory language for paramedic transfers across LEMSA jurisdictions. This could come after Section 100175 in the Code of Regulations. However, I'm not sure a regulatory change is even necessary. H&S Code Sections 1797.218 and 1798.170 could be interpreted as already conferring authority on the LEMSA where the call originated. We've always had reciprocity agreements with surrounding counties, so the issue hasn't come up in Contra Costa. But maybe agreements aren't even necessary. Do we know that there is actually a problem here that needs to be fixed?

**100175a. Patient Transport Outside the Jurisdiction of a Local Emergency Medical Services Agency.**

(a) A paramedic service provider approved by a local EMS agency shall continue to operate under the direction, authority, and medical control of that local EMS agency while transporting a patient from a location within the jurisdiction of that local EMS agency to a receiving facility outside that jurisdiction. The requirements of Sections 100173 and 100175 shall apply to a transport originating within one local EMS agency jurisdiction and continuing through or terminating in another local EMS agency jurisdiction in the same manner as if the entire transport were in the jurisdiction where the transport originated.

(b) Authorization conferred by paragraph (a) of this section shall cease upon arrival at a receiving facility and transfer of care to that facility's staff.

(c) Nothing in this section shall be interpreted as authorizing a paramedic service provider to provide paramedic service to a patient whose transport did not originate in the jurisdiction in which the paramedic service provider has been approved by the local EMS agency.

Health and Safety Code for reference:

**1797.218.** Any local EMS agency may authorize an advanced life support or limited advanced life support program which provides services utilizing EMT-II or EMT-P, or both, for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport to a general acute care hospital, during interfacility transfer, while in the emergency department of a general acute care hospital until care responsibility is assumed by the regular staff of that hospital, and during training within the facilities of a participating general acute care hospital.  
[Amended by SB 595 (CH 1246) 1983.]

**1798.170.** A local EMS agency may develop triage and transfer protocols to facilitate prompt delivery of patients to appropriate designated facilities within and without its area of jurisdiction. Considerations in designating a facility shall include, but shall not be limited to, the following:

(a) A general acute care hospital's consistent ability to provide on-call physicians and services for all emergency patients regardless of ability to pay.

(b) The sufficiency of hospital procedures to ensure that all patients who come to the emergency department are examined and evaluated to determine whether or not an emergency condition exists.

(c) The hospital's compliance with local EMS protocols, guidelines, and transfer agreement requirements.

[Amended by AB 214 (CH 1225) and SB 12 (CH 1240) 1987.]

## IFT Task Force Membership

*Revised 05/07/2002*

<b>Organization/Constituent Group</b>	<b>Member</b>	<b>Alternate</b>
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<b>INTERFACILITY TRANSPORT TASK FORCE MINUTES</b>	February 20, 2002 EMS Authority Sacramento
Attendees: David Nevins; Pam Griffith; Art Lathrop; Dan Burch; Bob Eisenman; Scott Wallace; Charles Rath; Don Stanley  <b>Note: Membership information has been updated and attached.</b>  EMSA Staff: Bonnie Sinz	
<i>Approval of October 30, 2001 Minutes</i>  Minutes were approved as written.	
<i>Approval of Agenda</i>  As the attendance was low, the agenda was modified to have the entire Task Force meet together rather than breaking into groups.	
<i>January 29<sup>th</sup> Conference Call Report</i>  Bob and Bonnie gave a report on the conference call. Minutes were distributed prior to the meeting. Under "Next Steps" the following was discussed: <ul style="list-style-type: none"> <li>✍ Advanced Scope of Practice for ALS Paramedic IFT <ul style="list-style-type: none"> <li>? Group 3 to develop guidelines/template for a standardized approach to to be presented to EMDAC for consideration</li> </ul> </li> </ul> <b>Assignments: Scott</b> – Discuss with Joe Barger; develop discussion paper on the development of Paramedic Advanced SOP IFT guidelines for next EMDAC meeting (May 28). <b>Bonnie</b> – Discuss with Steve Tharratt <ul style="list-style-type: none"> <li>? Urban and rural issues same: availability of nurses, long transport times, concern of interference with 9-1-1 response availability.</li> <li>? Currently, LEMSAs have intercounty agreements to address SOP when paramedics cross county lines for IFT.</li> <li>? EOA issues surface when a provider crosses county lines to pick up patient and bring back over county line.</li> <li>? What is the role of the LEMSAs?</li> </ul> <b>Assignments: Art</b> – Draft regulatory language to address intercounty IFT issues	

## Interfacility Transport Task Force

February 20, 2002 Minutes

- ✍ **Need for information algorithm to teach facilities about available IFT resources with limitations.**

**Assignments: Dan S.** – Provide Kaiser’s algorithm for request for transfer with levels identified. **David N.** – Provide electronic copy of Alameda County/AMR program information for paramedic level IFTs – send to Bonnie.

- ✍ Develop guidelines for facility 9-1-1 utilization (or “rapid IFT response request”) and destination policies
    - ? LEMSAs need to work with providers and facilities to develop policy/procedure to avoid use of 9-1-1 when need for rapid IFT exists.
- Assignments: Dan B.; Dan S.; David N.** – Develop “concept paper” for Rapid IFT Request.

- ✍ Discussion on how integrity of 9-1-1 system is maintained when paramedic IFT level provided by 9-1-1 responder.
  - ? Response time requirements
  - ? System status management plan restrictions
  - ? Tiered response may free up ALS personnel

- ✍ Minimum Competencies for EMT- I, EMT-P and RN Draft discussed
    - ? Detailed discussion on EMT-P level training
- Assignments: Scott** – work with Marlene Rivers from Alameda County (Bonnie will contact) on revision of document.

### *Next Meeting Date/Location*

Due to budget constraints, the next meeting will be at the EMS Authority

**May 21, 2002**

**10:00 a.m. – 3:00 p.m.**